

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/575,652  
Filing Date  
Applicant(s)

CLAIMS

	AS FILED						AFTER 1 <sup>st</sup> AMENDMENT						AFTER 2 <sup>nd</sup> AMENDMENT											
	IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.		DEP.					
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TOTAL IND.	1																							
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TOTAL CLAIMS	10																							